

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005451

STATE FILE NUMBER

AMENDED

Registration District No.

27

Primary Registration District No.

3005

Registrar's No.

54

FILED MAR 12 1962

1. PLACE OF DEATH

a. COUNTY **Bates**

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **Butler**

Length of stay in 1b

*few hours*

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo**

b. COUNTY **Bates**

c. CITY OR TOWN **Butler**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION **Bates Co. Memorial Hosp.**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

**306nWest Pine**

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

**EDDIE**

Middle

**C.**

Last

**HENDERSON**

4. DATE OF DEATH

Month

**Mar.**

Day

**2**

Year

**1962**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married

☒ Never Married ☐ Divorced ☐

8. DATE OF BIRTH

**Nov. 21, 1887**

9. AGE (last birthday)

**74**

IF UNDER 1 YEAR

Months **3** Days **11**

IF UNDER 24 HR

Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**employee Vendo Co.**

10b. KIND OF BUSINESS OR INDUSTRY

**K C Mo. Retired**

11. BIRTHPLACE (City and state or country)

**Cameron Missouri**

12. CITIZEN OF WHAT COUNTRY

**USA**

13a. FATHER'S NAME

**John Henderson**

13b. MOTHER'S MAIDEN NAME

**Mary**

14. NAME OF HUSBAND OR WIFE

**Ollie Dick Henderson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Mrs. Revea Harris-Butler Missouri**

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Carcinoma of the lung**

INTERVAL BETWEEN ONSET AND DEATH

**2 years**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour  Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Mar 1960** to **Mar 1962** and last saw her alive on **1 Mar 62**

Death occurred at **3:15 PM** on the date stated above, and to the best of my knowledge; from the causes stated.

22a. SIGNATURE

(Degree or title)

**Nathaniel M. D.**

22b. ADDRESS

**Butler Missouri**

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**3/14/62**

23c. NAME OF CEMETERY OR CREMATORY

**Oakhill Cemetery**

23d. LOCATION (City, town, or county)

**Butler Missouri**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Culver Underwood Butler Missouri**

25. DATE RECD. BY LOCAL REG.

**3-5-62**

26. REGISTRAR'S SIGNATURE

**Norma Jean Wilson**

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 5 1962

MAR 12 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John J. Underwood*

Licensed Embalmer No.

*3585*

P. O. Address

*Butler Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.